U.S. Department of Labor. Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

	CMS 0"						
1 File Nur	mber U - 8961		· ·	2 Fiscal Year	Covered From		
				01	/ 01 / 04 TI	hrough 12/31	/04
3 Name and address of person filing			4 Name, file n	number, and address of la	bor organization		
Name	Stanley D. Wheeler	r		Name	Carpenter Lo	cal 90	
				Labor Organ	nization File Number	37686	
PO Box	Bldg , Room No , if any			P O Box, Bi	uilding and Room Numbe	r, if any	
Street	3800 Keck Avenue			Street	1035 W. Frank	klin	
City	Evansville			Crty	Evansville		
State	Indiana	ZiP Code + 4	47715	State	Indiana	ZIP Code + 4	47710
5 Position	in labor organization Conductor					·	-

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ	n, or derived income or other economic benefit of ization represents or is actively seeking to represent
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income
Name	
Trade Name, if any	
PO Box, Bldg , Room No , if any	
Street	7 b Amount.
City	
State ZIP Code + 4	- ,
	Signature

15. Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed Staly & While

On 8.9-05 (817) 437-6534 Telephone Number

Name of Person Filing	Stanley D. Pheeler	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name, if any) 9 Business deals with Name Indiana Regional Council of Carpenters & Millwrights JATC - Southern Region a Labor Organization Trade Name, if any b Trust Carpenters & Millwrights Training Program PO Box, Bldg, Room No, if any c Employer Street 5400 Covert Court City Newburgh State Indiana ZIP Code + 4 47630 11 a Nature of such dealing 10 If 9 b or 9 c is checked give trust or employer's name Name PROVIDE TRAINING Trade Name, if any PO Box, Bldg, Room No, if any Street 11 b Approximate dollar value of such dealing Varies City 12 a Nature of interest held or income received State ZIP Code + 4 Compensation (wages & benefits) and reimbursement of expense as an employee of the fund

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)		14 a Nature of payment	
Name			
Trade Name, if any			
P O Box, Bldg , Room No , if any		•	
Street		-	
City	~ ~		
State	ZIP Code + 4	*	
13 b Is the Business an Employer	or Consultant	?	14 b Amount of payment

12 b Amount

<u>\$77,478.90</u>